



## Application for Permit to Construct an Individual Sewage Treatment and Disposal System

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_ Application No.: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Mailing Address)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

hereby make application for a Permit to Construct an Individual Sewage Disposal System to serve a:

House: ☐ Mobile Home: ☐ Other (Specify): ☐ \_\_\_\_\_

If in subdivision, give name: \_\_\_\_\_, Lot#: \_\_\_\_\_

Street: \_\_\_\_\_ Tax Map#: \_\_\_\_\_

### Lot Identification

In order for your application to be processed, stake the corners of the proposed building and center of the lot with distinctive markers. Place site locator card on front of property in a conspicuous location. Contact the Health Department when the lot is staked, house site located, and lot posted. You can prevent delays in the evaluation by flagging all the property corners.

### Applicant's Sketch of Proposed

#### Installation on Lot

Sketch must show dimensions, proposed and existing structures, proposed pool, proposed or existing wells (including wells on adjoining property), proposed building to road and property lines. Attach copy of deed describing boundaries or plat.

### Please Give Exact Directions To Lot

No. Bedrooms: \_\_\_\_\_

Basement: Full ☐ Partial ☐ None: ☐

Plumbing in Basement: Yes ☐ No ☐

Well: Existing ☐ Proposed ☐ None ☐

Public Water: Yes ☐ No ☐

If commercial establishment, answer following:

Type of Business: \_\_\_\_\_

Number of \_\_\_\_\_ Number of \_\_\_\_\_

Occupants: \_\_\_\_\_ Employees: \_\_\_\_\_

Other: \_\_\_\_\_  
(i.e., seating capacity, meals per day)

Public \_\_\_\_\_ Number of Hours \_\_\_\_\_

Restrooms: \_\_\_\_\_ of Daily Operation: \_\_\_\_\_

Information not in conformance with actual conditions on the property will avoid the Permit to Construct.

**"Permission is hereby granted for health department representatives to enter the above-described property at reasonable hours for the purpose of septic tank inspection and / or site evaluation."**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner or Agent's Signature

# Site Evaluation

(Health Department Use Only)

Environmentalist: \_\_\_\_\_

Date: \_\_\_\_\_

**Site Evaluation Sketch:** Show direction and approximate percent slope, low or wet areas, ditches, soil boring locations, adjacent wells and residence sites, and other pertinent topographic features.

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## Notes:

